

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42036
11085

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis 2129		d. STREET ADDRESS (If rural, give location) 4803 Fountain Avenue 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital							
3. NAME OF DECEASED (Type or Print) a. (First) Cora		b. (Middle) A.		c. (Last) Bremner		4. DATE OF DEATH (Month) (Day) (Year) Dec. 25th, 1950	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan. 14th, 1875	
9. AGE (In years last birthday) 75		10. UNDER 1 YEAR 11		11. UNDER 1 YEAR 10		12. UNDER 1 YEAR 10	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed				10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Knob Lick, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? USA							
13a. FATHER'S NAME Samuel T. Bremner		13b. MOTHER'S MAIDEN NAME Sidney Mc Clanahan		14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Arch Bremner, 4134 Carter Avenue			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Double barrel Obstruction 3 weeks DUE TO (c) Abular Construction of Descending Colon II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Abular Construction of Colon (Laboratory report not back)				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in car, boat, home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 570.5			
22. I hereby certify that I attended the deceased from Dec 5, 1950, to Dec 25, 1950, that I last saw the deceased alive on Dec 25, 1950, and that death occurred at 9:30A.m., from the causes and on the date stated above.							
23a. SIGNATURE P. S. WENZEL		(Degree or title) Dr. P. S. Wenzel		23b. ADDRESS Hox Mo Taylor		23c. DATE SIGNED 12/26/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial-Rail		24b. DATE 12/27/50		24c. NAME OF CEMETERY OR CREMATORY Knob Lick, Missouri		24d. LOCATION (City, town, or county) (State) Knob Lick, Missouri	
DATE REC'D BY LOCAL REG. 12/26/50		REGISTRAR'S SIGNATURE J. B. Lancaster		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 2987

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.